Attorney	THAU							
	S Docket No.	: <u>4239</u>	0P8228	-				Paten
In re the	Application of	f: <u>MAF</u>	RTWICK		(inventor(s	s))		RI
Application	on No.: <u>09/</u>	<u> 175,726</u>				-		
Filed: _								FE(
For: _	Integrated S	<u>ystem M</u>	lanagement M	emory for Sy	stem Man	agement Inte	errupt Handl	er Independe
_	of BIOS and	Operatii	ng System	(title)				
	ANT COMMIS		R FOR PATEN					
_			an Amendmen	t for the abov	ve applicat	ion.		
		atement	previously sub to establish si required.		atus under	37 C.F.R. §	§ 1.9 and 1.	27 is enclose
The fee h	nas been calc	ulated a	s shown below	v:			OTHE	R THAN A
	(Col. 1)		(Col. 2)	(Col. 3)	SMAL	L ENTITY		L ENTITY
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total	*	Minus	**		Х9	\$	X18	\$
		14:	***		X42	\$	X84	\$
Claims Indep.	*	Minus				ا ا		s
Claims Indep.	1	entation	of Multiple		+140	>	+280	1
Claims Indep. Claims * If the	Dependent ne entry in Col.	l entation t Claim(. 1 is less	•	•	Total		Total	6 0
Claims Indep. Claims * If the write write the	Dependent ne entry in Col. te "0" in Col. 3. ne "Highest No	entation t Claim(. 1 is less . Previou	than the entry I	THIS			L	6 0
Claims Indep. Claims * If th writ ** If th SP *** If th spa fou	Dependente entry in Col. te "0" in Col. 3. te "Highest No ACE is less that the "Highest No ace. The "High	entation t Claim(1 is less 1. Previous an 20, wri 2. Previous est No. F	s) than the entry I	THIS pace. THIS SPACE For" (Total or	Total Add. Fee is less that	\$ n 3, write "3" int) is the highe	Total Add. Fee n this est number	6 0
Claims Indep. Claims * If th writ ** If th SP *** If th spa fou orig	Dependente entry in Col. at the "0" in Col. 3. The "Highest No ACE is less that the "Highest No ace. The "High and from the equinally filed.	entation t Claim(. 1 is less . Previous an 20, wri b. Previous nest No. F juivalent t	s) than the entry I sly Paid For" IN ite "20" in this sl sly Paid For" IN Previously Paid I	THIS pace. THIS SPACE For" (Total or a prior amend	Total Add. Fee is less that Independent ment or the	\$ and 3, write "3" in the higher number of class distances.	Total Add. Fee In this est number aims	\$ 0
Claims Indep. Claims * If th writ ** If th SP *** If th spa fou orig	Dependente one entry in Col. to "0" in Col. 3. the "Highest No ACE is less that the "Highest No ace. The "High and from the equinally filed. The certify that this content postage in the content postage in	entation t Claim(1 is less 2. Previous an 20, wri 2. Previous nest No. F nuivalent t correspor	s) than the entry I sly Paid For" IN ite "20" in this sly sly Paid For" IN Previously Paid I box in Col. 1 of a	THIS pace. THIS SPACE For" (Total or a prior amend	Total Add. Fee is less that Independent ment or the	\$ and 3, write "3" in the higher number of class distances.	Total Add. Fee In this est number aims	\$ 0
Claims Indep. Claims * If th writ ** If th SP *** If th spa fou orig I hereby c with suffic D.C. 2023	Dependente one entry in Col. to "0" in Col. 3. the "Highest No ACE is less that the "Highest No ace. The "High and from the equinally filed. The certify that this content postage in the content postage in	entation t Claim(1 is less 2 Previous an 20, writ 2 Previous nest No. Figurivalent to corresport an enve 28, 2001 of Depos	s) than the entry I sly Paid For" IN ite "20" in this sly sly Paid For" IN Previously Paid I box in Col. 1 of a	THIS pace. THIS SPACE For" (Total or a prior amend deposited wit	Total Add. Fee is less than Independen ment or the the United ant Commiss	\$ and 3, write "3" in the higher number of class distances.	Total Add. Fee In this est number aims	\$ 0

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	A check in the amount of \$ is	s attached for presentation of additional claim(s).							
X	Applicant(s) hereby Petition(s) for an Extension of Time of One month(s) pursuant to 37 C.F.R.								
	§ 1.136(a).								
X	A check for \$ 110.00 is attached for p	processing fees under 37 C.F.R. § 1.17.							
	Please charge my Deposit Account No. 02-2	666 the amount of \$							
	A duplicate copy of this sheet is enclosed	I.							
<u>X</u>	The Commissioner of Patents and Trademar	ks is hereby authorized to charge payment of the							
	following fees associated with this communication or credit any overpayment to Deposit Account								
	No. 02-2666 (a duplicate copy of this shee	t is enclosed):							
	X Any additional filing fees required	d under 37 C.F.R. § 1.16 for presentation of							
	extra claims.								
	X Any extension or petition fees ur	ıder 37 C.F.R. § 1.17.							
		BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP							
		\sim							
Date: December 28, 2001									
		Michael J. Mallie							
12/00 \//	ilshira Baulayard	Reg. No. 36,591							
12400 Wilshire Boulevard Seventh Floor		11eg. 140. 30,331							
	eles, California 90025								
(408) 720	· ·								
(.00) / 20	, 0000								



PTO/SB/17(09/00)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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ł				FEE TRANSMITTAL FOR FY	2002	
Appl Filing	plete if Kr ication No g DateD Named In	o. <u>09</u> December			<u>\$110.00</u>	RECEIVED FEB 0 4 2002 Group 2100
	p Art Unit					0
	niner Name ney Docke			2000		Group 2100
	HOD OF					
1.	[X]			sioner is hereby authorized to charge in nents to:	dicated fees and	credit
				unt Number <u>02-2666</u> unt Name <u>Blakely, Sokoloff, Taylor</u>	& Zafman LLP	
	[X]		-	additional Fee Required Under 37 CFR 1		
	[] 	Applica	ant cla	ms small entity status. See 37 CFR 1.2	7 	
2.	X	Payme	nt Enc	losed: X Check		
FEE	CALCUL	ATION				
1.	BASIC I	FILING F	EE			
Large	e Entity	Small E	Entity			
Fee	Fee	Fee	Fee		•	
Code	,	Code	(\$)	Fee Description		Fee Paid
101 106	740 330	201 206	370 165	Utility application filing fee		
107	510	207	255	Design application filing fee Plant filing fee		
108	740	208	370	Reissue filing fee		
114	160	214	80	Provisional application filing fee		
						
					SUBTOTAL (1)	\$ <u>0</u>
2.	FXTRA	CLAIM F	FFS		Fee from	
,		<u> </u>		Extra Claims	below	Fee Paid
T-4-1	l Olaima					
	l Claims	Clairs		- 20** =	X	=
	pendent (iple Depe			-3** =	х	=
			lv nai	d, if greater; For Reissues, see below		=
Large	Entity	Small E	., par Entity	a, ii gicator, i di iterssues, see perot		
Fee	Fee	Fee	Fee			
Code	(\$)	Code	(\$)	Fee Description		
103	18	203	9	Claims in excess of 20		
102	84	202	42	Independent claims in excess of 3		
104	280	204	140	Multiple dependent claim, if not paid	*. * *	
109 110	84 18	209 210	42 9	**Reissue independent claims over or **Reissue claims in excess of 20 and		unt
1.0	10	210	3	ricissue cialilis III excess of 20 and	• .	
	··· · · · · · · · · · · · · · · · · ·				SUBTOTAL (2	9) \$ 0

10/04/01 - 1 -

FEE (CALCULA	TION (co	ntinued)		
1		NAL FEE			
1	Entity	Small E			
Fee	Fee	Fee	Fee		
Code	(\$)	Code	(\$)	Fee Description Fee Paid REA	F.,
105	130	205	65	Surcharge - late filing fee or oath	EIVED
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	70
139	130	139	130	Non-English specificationFFR	A 2000
147	2,520	147	2,520	For filing a request for ex parte reexamination	4 2002
099	8,800	099	8,800	Fee Description Surcharge - late filing fee or oath Surcharge - late provisional filing fee or cover sheet Non-English specification For filing a request for ex parte reexamination Request for inter parties reexamination Requesting publication of SIR prior to Examiner action Requesting publication of SIR after Examiner action	040-
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	<i><100</i>
113	1,840*	113	1,840*	riequesting publication of Siri after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55 640	Petition to revive – unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144 122	620	244	310	Plant issue fee	
	130	122	130	Petitions to the Commissioner	
123	50 180	123 126	50	Processing fee under 37 CFR 1.17(q)	
126	180 40	581	180 40	Submission of Information Disclosure Stmt	
581	40	301	40	Recording each patent assignment per	
146	740	246	370	property (times number of properties)	
146	740	240	370	For filing a submission after final rejection	
148	110	248	55	(see 37 CFR 1.129(a)) Statutory Disclaimer	
149	740	249	370	For each additional invention to be examined	
149	740	243	370	(see 37 CFR 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design	
.03	500	103	500	application	
195	300	195	300	Publication fee for early, voluntary, or normal pub.	
196	300	196	300	Publication fee for republication	
194	130	194	130	Request for voluntary publication or republication	
098	130	098	130	Processing fee under 37 CFR 1.17(i) (except provisionals)	
091	1,280	091	1,280	Acceptance of unintentionally delayed claim for priority	
١٠٠٠	.,		.,200		
Other	fee (speci	fy)			
				CLIDTOTAL (0) 6 140 00	
*Reduc	ed by Raei	Filing Fee	Paid	SUBTOTAL (3) \$110.00	
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	IITTED B		8 47 - 1-	-1 1 A4-18-	
' '		ed Name:	Michae	el J. Mallie	
Signa				Date: /1/18/0	
Reg. I	Number:	<u>36,591</u>		Telephone Number: 408-720-8300	

FIRST CLASS CERTIFICATE OF MAILING

I hereby certify that this correspond	ndence is	s being depo	sited with the
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Washington, DC 20231 on

Date: 12-28-01

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